

**BOARD OF BEHAVIORAL SCIENCES**

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814

TELEPHONE: (916) 445-4933

WEBSITE ADDRESS: <http://www.bbs.ca.gov>

## CONTINUING EDUCATION (CE) PROVIDER APPLICATION (\$200 FEE)

*(please type or print clearly in ink - use additional paper as necessary)*

For Office Use Only:

Cashiering No.: \_\_\_\_\_

File No. \_\_\_\_\_

Approval No.: \_\_\_\_\_

1. PROVIDER NAME <i>(limited to 40 characters)</i>	2. BUSINESS PHONE NUMBER (      )
3. MAILING ADDRESS <i>(street address, city, state, zip)</i>	
4. ORGANIZATION TYPE <i>(select one)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> association</div> <div style="width: 33%;"><input type="checkbox"/> 4-yr institution of higher learning</div> <div style="width: 33%;"><input type="checkbox"/> non-profit corporation</div> <div style="width: 33%;"><input type="checkbox"/> licensed health facility</div> <div style="width: 33%;"><input type="checkbox"/> other educational organization</div> <div style="width: 33%;"><input type="checkbox"/> partnership</div> <div style="width: 33%;"><input type="checkbox"/> governmental agency</div> <div style="width: 33%;"><input type="checkbox"/> corporation</div> <div style="width: 33%;"><input type="checkbox"/> individual</div> <div style="width: 33%;"><input type="checkbox"/> other <i>(please specify)</i></div> </div>	
5. CALIF. DEPT. OF CONSUMER AFFAIRS LICENSES/ REGISTRATIONS <i>(list those held by only the provider)</i>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">type _____</div> <div style="width: 33%;">number _____</div> <div style="width: 33%;">expiration date _____</div> <div style="width: 33%;">type _____</div> <div style="width: 33%;">number _____</div> <div style="width: 33%;">expiration date _____</div> </div>	
6. CE COORDINATOR NAME	7. CE COORDINATOR PHONE NUMBER (      )
8. COURSE SUBJECT MATTER(S) <i>(list subject matter - attach course outlines)</i>	
9. INSTRUCTOR QUALIFICATIONS <i>(check all that apply - attach instructor resumes)</i> <input type="checkbox"/> license, registration, or certificate in an area related to the course subject matter <input type="checkbox"/> master's or higher degree in an area related to the course subject matter <input type="checkbox"/> training, certification, or teaching experience in subject matter related to the course subject matter <input type="checkbox"/> at least 2 years' experience in an area related to the course subject matter <input type="checkbox"/> other <i>(please specify)</i>	
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">CE Coordinator Signature</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date</div> </div>	

## **CE PROVIDER APPLICATION INSTRUCTIONS**

Submit your completed application to the Board of Behavioral Sciences,  
Continuing Education Program, 400 R Street, Suite 3150, Sacramento, CA 95814-6240.

1. **Provider Name:** full business name or individual's name (limited to 40 characters)
2. **Business Phone Number** the business phone number will be provided to licensees upon request
3. **Mailing Address:** the mailing address will be provided to licensees upon request
4. **Organization Type:** the primary organization type of the provider - collected for statistical purposes
5. **DCA Licenses/Registrations:** licenses/registrations issued by any licensing board or committee under the California Department of Consumer Affairs (Board of Behavioral Sciences, Board of Psychology, Board of Registered Nursing, etc.) which are held by the provider - do not list any licenses or registrations which are held by just the CE coordinator or instructors
6. **CE Coordinator Name:** the individual responsible for administering the provider's CE program - this person will be the primary contact for the Board of Behavioral Sciences
7. **CE Coordinator Phone Number:** the CE Coordinator's phone number will not be provided to licensees
8. **Course Subject Matter(s):** a description of the types of subject matter to be covered in future MFCC/LCSW courses offered by the provider - this list does not have to be all-inclusive - include documentation which demonstrates subject matter (e.g., ads, course outlines, catalogs) - if the provider does not have any courses planned at this time, list a sampling of the courses provided in the past
9. **Instructor Qualifications:** each instructor must have at least two of the four qualifications listed - check all the boxes that apply and include documentation (e.g., resumes, curriculum vitae, biographical synopses) which demonstrates qualifications for a sampling (one to four) of the instructors

### **INFORMATION COLLECTION, ACCESS, AND DISCLOSURE:**

The information provided on this application is maintained by the Executive Officer of the Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA 95814-6240, under the authority granted by the Business and Professions Code, Division 2, Chapter 13, Article 1, Section 4980.54, and Chapter 14, Article 4, Section 4996.22.

→→→ **IT IS MANDATORY THAT YOU PROVIDE ALL INFORMATION REQUESTED. OMISSION OF ANY ITEM OF INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.**

Your completed application becomes the property of the Board of Behavioral Sciences and will be used by authorized personnel to determine your eligibility for approval as a provider of continuing education. Information on your application may be transferred to other governmental or law enforcement agencies.

You have the right to review the records maintained on you by the board unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the board at the above address.